



GRAMA – Consent for the Release of Information to a Third Party

I, _____
(Name of Individual authorizing release)

authorize _____
(Name of county agency holding the record) to release the following information:

(description of records or documents)

to _____
(Name of individual receiving the record)

- ☐ I am the subject of the record.
- ☐ I am the legal representative of the subject of the record. (Documentation attached).
- ☐ I understand that these records are restricted under state privacy laws and cannot be disclosed without my written consent. A notarized release shall not be dated more than ninety (90) days before the request is made.

(Signature of individual authorizing release)

Executed this _____ day of _____, 20____.
State of Utah

County of Salt Lake

By _____
Notary Public, State of Utah

Residing in _____

My commission expires

(expiration date)

Subscribed and sworn to before me this _____ day of _____, 20____
by _____, known by me to be the person named above.